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PTO/SB/01 (12-97)  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**

PXE-007.US

**First Named Inventor**

Contag, Pamela R.

**COMPLETE IF KNOWN**

**Application Number**

**Filing Date**

December 16, 1999

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Non-Invasive Evaluation of Physiological Response in a Mammal**

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/112,646	12/17/1998	
60/152,853	09/08/1999	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Sole or First 12-16-99 eus Name of <del>Additional Joint</del> Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Pamela R.				Contag											
Inventor's Signature		<i>Pamela R. Contag</i>				Date		12/16/99							
Residence: City		San Jose		State		CA		Country		US		Citizenship		US	
Post Office Address		6110 Bollinger Road													
Post Office Address															
City		San Jose		State		CA		ZIP		95129		Country		US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature										Date					
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature										Date					
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature										Date					
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number   
OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Charles K. Sholtz	38615		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name	Charles K. Sholtz				
Address	Xenogen Corporation				
Address	860 Atlantic Avenue				
City	Alameda	State	CA	ZIP	94501
Country	US	Telephone	(510) 291-6135	Fax	(510) 291-6196

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

*Additional Joint 12-16-99*  
Name of ~~Sole or First~~ Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Ning	Zhang

Inventor's Signature				Date	12/16/99
Residence: City	Alameda	State	CA	Country	USA
Post Office Address	1801 Shoreline Drive, #125				
Post Office Address					
City	Alameda	State	CA	ZIP	94501
				Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto